24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Committee	
	C C00492116
Check if Z 24-hour report 48-hour report New report Amends report file	d on 11 30 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Media Group	M = M / D = D / Y = Y = Y
Mailing Address 1020 Princess St	11 27 2014
	Amount
City State Zip Code	61825.00
Alexandria VA 22314	Transaction ID : E-291 Date of Disbursement or Obligation
Purpose of Expenditure TV Advertisement Category/ Type 004	11 27 2014
Name of Federal Candidate Support Office	ce Sought: House District:
Bill Cassidy Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Dist 2014	oursement For: Primary General Other (specify) SPECIAL GENERAL
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Media Group	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess St	
	Amount
City State Zip Code	9753.00
Alexandria VA 22314	Transaction ID : E-292 Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Production Category/	M M / D D / Y Y Y Y
TV Ad Production Category/ Type 004	11 27 2014
Name of Federal Candidate Support Office	ce Sought: House District:
Bill Cassidy Oppose	President Senate State: LA
Caloridar Tour to Bato	oursement For: Primary General
Per Election for Office Sought 71578.00 201	Other (specify) SPECIAL GENERAL
(a) OUDTOTAL of the rise of the decrease of Fernandians	74770.00
(a) SUBTOTAL of Itemized Independent Expenditures	71578.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	The state of the s
(c) TOTAL macpenatin Experiances	71578.00
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
Rebecca J Olson	M / D D / Y Y Y Y
[Electronically Filed] Date	12 05 2014
Signature	